

## Party/Witness – Claim for attending an employment tribunal

## Notes

- Please claim within one month of the hearing
- See our Expenses and Allowances payable leaflet.
- · Attach all receipts.
- Please print details clearly in CAPITAL letters and sign part 3.
- Initial any alterations you make.
- Send your completed form to the address in Section 10.

1. Your details Surname	
First name(s)	
First name(s)	
Home address	
Destrode	
Postcode	
Phone number	
2. The hearing	
Case number or names of the parties	
Where was the hearing held?	
On what date(s) did you attend?	
Were you summoned to attend by a witness order?	
FEEA Darta (Mither and Claim Constitution and American Local 200 12)	

Net travel expenses (see Section 6)	£
Overnight expenses (see Section 7)	£
Other (see Section 8)	£
Lost earnings (see Section 9)	£
Total claim	£
is correct and that any expenses claimed we	· ·
is correct and that any expenses claimed we incurred by me.	· ·
I declare that to the best of my knowledge as is correct and that any expenses claimed we incurred by me.  Signed  Date	· ·
is correct and that any expenses claimed we incurred by me.  Signed  Date  Warning: False claims may lead to prosect	re actually and necessarily
is correct and that any expenses claimed we incurred by me.  Signed	re actually and necessarily

	is section <b>only</b> if you want payment made to a Bank or
Building So	·
Name of Ba	nk/Building Society
Address	
Postcode L	
Postcode L Name of acc	ount
Name of acc	ount
Name of acc	ount
Name of acc	ount

## FOR HM COURTS & TRIBUNALS SERVICE OFFICIAL USE ONLY

I have delegated authority to approve this claim and confirm that:

- the claim is in accordance with the relevant HMCTS instruction;
- no item has previously been passed for payment; and
- the claim for expenses relates to an Employment Tribunal claim made prior to 6 April 2012

	Charge	£	
BEC		NAC	226410
Signed		Date	
PRINT NAME			

For completion by Liberata			
Amount paid	£		

Travel costs may norm Travel by public trans Taxi fares will only b	el costs in <b>excess of £5</b> unless nally only be claimed for journ port is limited to <b>standard cl</b> a pe paid in exceptional circumst	•	receipt and reasons for t	his choice.	assenger supplement.	9. Loss of earnings Our maximum is £45 a day. You can claim if self employed but onnly if you can show that y claim if the loss was made good before or after if you are employed ask your employer to significant self employed ask the tribunal clerk for a self-employed ask the tribuna	ou lost money. Do not the hearing. gn the statement below.
				Travel by car or m	otorcycle	Did you lose earnings by attending the hearing	ı?
From	То	Method of travel	Fares (£)	No. of miles	Mileage claim(£)	Yes If Yes, give details below What is your occupation?	No
		Parties and witnesses, not under and the first £5, unless you were ordered	n order, must always pay		£5	How much time did you lose from work?  What is your hourly rate?  How much do you claim in lost earnings?	£  £  Transfer to Section .
accompanied by re	from home overnight to atter ceipts and are subject to linway from home overnight?	nd the hearing we may be able to pay you  mits. Ask a tribunal clerk for details.  Yes If Yes, give details below  Date	· 	overnight accomn No, go to Section 8		Statement for completion by your employ I confirm the above information and that (employee) attended the tribunal on (dates) they did not receive payment for those days from paid leave taken.	
When did you get ba	, ,	Date // //	Time			Signed	
How much do you cla	aim towards the cost of your c	overnight stay?			£  Transfer to Section 3	Date Position in company	
		.g. essential medical reports directed b	y chairman, registered c	hild minder fees. Pl	ease consult the	Company Stamp (If no stamp, attach company lett	erhead paper)

tribunal clerk for details of any limits.

Nature of expenses		

Transfer to Section 3

## 10. Please return your completed form to: